

**POWER OF ATTORNEY
 and
 CORRESPONDENCE ADDRESS
 INDICATION FORM**

Application Number	10/586,190
Filing Date	8/11/2008
First Named Inventor	Resband et al.
Title	Systems for and Methods of Assign...
Art Unit	2887
Examiner Name	Walsh, Daniel
Attorney Docket Number	043057-0376961

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
JAKOPIN, David A.	32955
CONA, Frank A.	38412
COMOGLIO, Rick	40953
SAAR, Leah	54417 *

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. * Further Practitioners listed on Continuation Sheet

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

27498

☐ Firm or
 Individual Name

Address

City

State

Zip

Country

Telephone

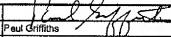
Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1/10
Name	Paul Griffiths	Telephone	562-988-5600
Title and Company	Vice President, Sensormatic Electronics, LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**CONTINUATION SHEET – POWER OF ATTORNEY AND
CORRESPONDENCE ADDRESS INDICATION FORM**

USSN: 10/586,190 8/11/2008

PRACTITIONER NAME	REGISTRATION NO.
BLUHM, Gerald M.	44035
PRATT, Wyatt B.	40778